

Expanding the Scholarship on Leadership Training in Dental Education

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The increasingly complex and interdependent world in which oral health care is practiced is causing many changes in the profession. Beginning in the early 1970s, Alvin Toffler's books *Future Shock*, *The Third Wave*, and *Powershift* argued that the accelerated rate of social and technological change accompanied by "information overload" (a term he popularized) can lead to stress and disorientation in those affected. For health care professionals, practicing in an evolving, information-rich environment carries both challenges and opportunities; therefore, dynamic leadership is needed to guide the profession in ways that take advantage of the opportunities and overcome the challenges.

Since I define leadership very broadly, I view much of what we do as dental educators as involving leadership. We seek the best possible ways to promote patient care and educate future oral health providers. We expand or, in some cases, create the knowledge base needed to improve oral health care for a wide variety of patients. We organize ourselves to lobby for state and national policies and resources needed to achieve these goals. All of these efforts help to "lead" dentistry and dental education in productive directions.

For our students, the future oral health professionals, there is as yet little consensus on whether leadership development should be taught in dental, allied dental, and advanced dental education and, if it should be, how. Given the scarcity of models for leadership development in dentistry, I believe we must define our own best practices based on our own research to guide program planning and implementation. Toward that end, it has been a pleasure to see the growing body of studies on ongoing and pilot programs published in the *Journal of Dental Education*.¹⁻⁹

In our article in this issue, my coauthors and I continue to build the scientific basis for leadership training in dentistry. Our study researched the perceptions of dentists related to leadership as

they trained and after they graduated. The majority of the respondents from a national sample did not agree that their education had prepared them well to establish themselves as leaders in their practice, community, or state or at the national level. However, the respondents did report that their experiences after graduation improved their leadership skills. The findings also suggest that gender may play a significant role in the willingness of dentists to take an active leadership role in the profession.

Further investigation is required for us to better understand the value of and need for leadership training in oral health educational programs and the optimal means for introducing it. Here are some of the questions I'd like to see researched. First, do practitioners perceive learning about leadership differently from the way they did as students, and how do they define leadership and their learning needs in this area? Second, are leadership skills the same for running an effective practice, functioning in a community as a leader, and advocating at the state and national levels? Third, what role does gender play in leadership questions and training needs? Finally, if a school or program decides to introduce leadership training into its curriculum, what is the most effective way to provide it: didactic, self-directed, community-based, using adult learning pedagogies, etc.—or perhaps a combination? To answer these questions and begin to move toward defining best practices for leadership education, dental educators need to lay the foundations through scholarship.

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